## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	nedule E)				FOR SE OF FORM 24/48
VAN	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	ational Rifle Association of Americ				
			C C00053553		
Che	ck if 24-hour report X 48-hour report	New rep	port Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee Federal Capitol Communications	Corporation			of Public Distribution/Dissemination
H	Mailing Address 950 F Street, NW, #525				09 04 2014
	5 5 5 5 5 5 5 5 5 5 6 6 6 6 1 1 1 1 1 1			Amour	nt
	City	State	Zip Code		500.00
	Washington	DC	20004		action ID: 61628322 of Disbursement or Obligation
	Purpose of Expenditure Graphic Art Design		Category/ Type 004		M / D D / Y Y Y Y
Ī	Name of Federal Candidate		X Support	Office Sought	t: House District:
	Benjamin Sasse		Oppose	Preside	ent X Senate State: NE
	Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	0.00	Disbursement 2014 Ot	t For: Primary
Γ	Full Name of Payee			Date of	of Public Distribution/Dissemination
١	Federal Capitol Communications Co	orporation		М	09
	Mailing Address 950 F Street, NW, #525			Amou	nt
ŀ	City	State	Zip Code		500.00
١	Washington	DC	20004		ction ID: 61628323 of Disbursement or Obligation
	Purpose of Expenditure Graphic Art Design		Category/ Type 004	М	M / D D / Y Y Y Y
ŀ	Name of Federal Candidate		Support	Office Sough	t: X House District: 02
	Rep. Shelley Moore Capito		Oppose	Preside	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbursemen 2014 O	t For:
(8	a) SUBTOTAL of Itemized Independent Expendit	ures			1000.00
(k	b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 1 7 1 7
(0	c) TOTAL Independent Expenditures			•	71717
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Mary Rose Adkins	[Electron	nically Filed] Date	M M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		Date		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JILO	PAGE 2 OF 5 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Victo	FEC IDENTIFICATION NUMBER ▼  C C00053553					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination  09 04 2014				
Mailing Address P.O. Box 1467		Amount				
	Code	3487.08				
Purpose of Evpenditure	1122	Transaction ID : 61628325  Date of Disbursement or Obligation				
Print 4 Color Postcard	Category/ Type 004	W = W / D = D / Y = Y = Y				
Name of Federal Candidate  Benjamin Sasse	Support Office Oppose	Sought: House District:  President X Senate State: NE				
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2014	rsement For:				
Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination  M M O O O O O O O O O O O O O O O O O				
Mailing Address P.O. Box 1467		Amount				
1 ·	Code	3768.62 Transaction ID : 61628326				
Purnose of Evnanditure	2122 Category/ Type 004	Date of Disbursement or Obligation				
Name of Federal Candidate	Support Office	Sought: House District: 02				
Rep. Shelley Moore Capito	Oppose	President Senate State: WV				
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2014	rsement For: Primary X General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7				
(c) TOTAL Independent Expenditures	·····					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mary Rose Adkins [Electronical] Signature	ly Filed] Date 0:					

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Rifle Association of America Political Victory Fund	C C00053553			
Check if 24-hour report 48-hour report New report Amends report filed o	n M = M / D = D / Y = Y = Y			
	Date of Public Distribution/Dissemination			
Prolist Inc.	09 04 2014			
Mailing Address 8341 Beechcraft Avenue	Amount			
City State Zip Code	37173.41			
Gaithersburg MD 20879-1509	Transaction ID : 61628328 Date of Disbursement or Obligation			
Purpose of Expenditure Postage  Category/ Type  004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office S	Sought: House District:			
Renjamin Sasse	President State: NE NE			
Odicital Toll to Bate	sement For: Primary X General			
Per Election for Office Sought 0.00 2014	Other (specify) ▶			
Full Name of Payee Prolist Inc.	Date of Public Distribution/Dissemination			
Mailing Address 8341 Beechcraft Avenue	09 04 2014 Amount			
City State Zip Code	39293.37			
	Transaction ID: 61628329 Date of Disbursement or Obligation			
Purpose of Expenditure Postage  Category/ Type  004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	Sought: X House District: 02			
	President Senate State: WV			
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	76466.78			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mary Rose Adkins [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

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### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXTEND	TIONEO	PAGE 4 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)  National Rifle Association of Ameri	FEC IDENTIFICATION NUMBER ▼  C C00053553					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Prolist Inc.			Date of Public Distribution/Dissemination  09 04 04 09 04			
Mailing Address 8341 Beechcraft Avenue			Amount			
City	State	Zip Code	2719.56			
Gaithersburg  Purpose of Expenditure	MD	20879-1509	Transaction ID : 61628331  Date of Disbursement or Obligation			
Postcards		Category/ Type 004				
Name of Federal Candidate  Benjamin Sasse		Support Oppose	Office Sought: House District:  President Senate State: NE			
Calendar Year-To-Date Per Election for Office Sought	,,,,	0.00	Disbursement For: Primary X General 2014 Other (specify) ▶			
Full Name of Payee Prolist Inc.			Date of Public Distribution/Dissemination  09 04 04 2014			
Mailing Address 8341 Beechcraft Avenue			Amount			
City	State	Zip Code	2939.13 Transaction ID : 61628332			
Gaithersburg  Purpose of Expenditure Postcards	IVID	20879-1509 Category/ Type 004	Date of Disbursement or Obligation			
Name of Federal Candidate		Support	Office Sought: House District: 02			
Rep. Shelley Moore Capito		Oppose	President Senate State: WV  Disbursement For: Primary General			
Calendar Year-To-Date Per Election for Office Sought	, ,	0.00	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mary Rose Adkins Signature	[Electron	nically Filed] Date	09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full)					
National Diffo Association of America Dolitical Victory Fund	FEC IDENTIFICATION NUMBER ▼				
National Rifle Association of America Political Victory Fund	C C00053553				
Check if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y				
	Date of Public Distribution/Dissemination				
Classic Arms Productions, LLC	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address P.O. Box 654	Amount				
City State Zip Code	75.00				
Mandeville LA 70470	Transaction ID : 61628317 Date of Disbursement or Obligation				
Purpose of Expenditure Booth Rental Category/ Type 004	Mam / Dad / Yayayay				
Name of Federal Candidate Support Office	Sought: House District:				
Sen Many Landrieu	President Senate State: LA				
Calcificati To Bate	sement For: Primary X General				
Per Election for Office Sought 0.00 2014	Other (specify)				
Full Name of Payee	Date of Public Distribution/Dissemination				
Mailing Address					
	Amount				
City State Zip Code					
	Date of Disbursement or Obligation				
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office	Sought: House District:				
	President Senate State:				
	rsement For: Primary General				
Per Election for Office Sought	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	90456.17				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mary Rose Adkins  [Electronically Filed] Date 09					
Signature					

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